MEDICINE DISPENSING RECORD

Student's Name: _____

Designated Staff Members' Name: _____

Medicine: _____   Dosage: _____

Time to be given: _____

DATE	Initials	DATE	Initials	DATE	Initials

MEDICINE DISPENSING RECORD

Student Name	Teacher Name	Amount	Mon	Tues	Wed	Thur	Fri

Student Name	Teacher Name	Amount	Mon	Tues	Wed	Thur	Fri

Student Name	Teacher Name	Amount	Mon	Tues	Wed	Thur	Fri

Student Name	Teacher Name	Amount	Mon	Tues	Wed	Thur	Fri